IAP8 Reguletivers us DEC 2005

Application Data Sheet

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Application Information

Application Type:: Regular

Subject Matter:: Utility
Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: A SELF TEST SYSTEM FOR A

MEDICAL DEVICE

Attorney Docket Number:: 3003-1169

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: UNITED KINGDOM

Status:: Full Capacity

Given Name:: DESMOND

Middle Name:: BRYAN

Family Name:: MILLS

Name Suffix::

City of Residence:: GLOUCESTERSHIRE

State or Province of

Residence::

Country of Residence:: UNITED KINGDOM

Street of Mailing IXA MEDICAL PRODUCTS LIMITED

Address:: DEZAC HOUSE, MONTPELLIER STREET,

CHELTENHAM

City of Mailing Address:: GLOUCESTERSHIRE

State or Province of Mailing Address::

Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: GL50 1SS

Applicant Authority Type:: Inventor

Primary Citizenship Country:: UNITED KINGDOM

Status:: Full Capacity

Given Name:: KEVIN

Middle Name::

Family Name:: HERBERT

Name Suffix::

City of Residence:: GLOUCESTERSHIRE

State or Province of

Residence::

Country of Residence:: UNITED KINGDOM

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UNITED KINGDOM

Postal or Zip Code of Mailing Address:: GL50 1SS

Correspondence Information

Correspondence Customer

00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/GB2004/002522	6/14/04

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
UNITED KINGDOM	0313815.3	6/14/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

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